

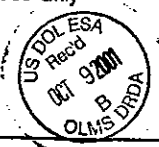
# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN  
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

Form Approved  
Office of Management and Budget  
No. 1215-0188  
Expires: 11-30-2002

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 		1. FILE NUMBER <u>028-037</u>	2. PERIOD COVERED MO DAY YEAR From <u>07 01 2000</u> Through <u>06 30 2001</u>	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
<b>IMPORTANT</b>  Peel off the address label from the back of the package and place it here.  If the label information is correct, leave Items 4 through 8 blank.  If any of the label information is incorrect, complete Items 4 through 8.				8. MAILING ADDRESS (Type or print in capital letters.) First Name <u>L. ELAND</u> Last Name <u>FIELDER</u> P.O. Box • Building and Room Number (if any) <u>CARPENTERS AFL-CIO LU 792</u> Number and Street <u>212 SOUTH FIRST ST</u> City <u>ROCKFORD</u> State <u>IL</u> ZIP Code + 4 <u>61104-</u>
4. AFFILIATION OR ORGANIZATION NAME				
5. DESIGNATION (Local, Lodge, etc.)		6. DESIGNATION NUMBER		
7. UNIT NAME (if any)				
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)				
Item Number <u>21(b)</u>	<u>Journey men \$300</u> <u>Apprentices:</u> <u>1st year \$50</u> <u>2nd year \$120</u> <u>3rd year \$180</u> <u>4th year \$240</u>			
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)				
76. SIGNED <u>X Ray L Cook</u> <u>9 127 12001 (815) 963-7478</u> Date Telephone Number		PRESIDENT (If other title, see instructions.)		77. SIGNED <u>X [Signature]</u> <u>9 127 12001 (815) 963-7478</u> Date Telephone Number
				TREASURER (If other title, see instructions.)

*During the Reporting Period Did Your Organization:*

- |  | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? .....              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 12. Have a political action committee (PAC) fund? .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 15. Discover any loss or shortage of funds or other property? .....<br>(Answer "Yes" even if there has been repayment or recovery.)  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ..... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 17. Liquidate or reduce any liabilities without disbursement of cash? .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 1123
19. What is the date of your organization's next regular election of officers? MO 06 YEAR 2003
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 60000
21. What are your organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ <u>20</u> per <u>Month</u> (Month, Year, etc.)
(b) Initiation Fees	\$ <u>See # 75</u>
(c) Transfer Fees	\$ _____
(d) Work Permits	\$ _____ per _____ (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? ..... Yes ☐ No ☒  
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ..... ☐ ☒
24. Did your organization have any contingent liabilities at the end of the reporting period? ..... ☐ ☒

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

# STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 028-037

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

ASSETS	ASSETS	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (A)	Period (B)
	25. Cash .....	1	353941	237531
	26. Accounts Receivable .....			
	27. Loans Receivable .....			
	28. U.S. Treasury Securities .....			
	29. Investments .....	2		
	30. Fixed Assets .....	5	215272	215272
	31. Other Assets .....	3		
	32. TOTAL ASSETS .....		569213	452803

LIABILITIES	LIABILITIES	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (C)	Period (D)
	33. Accounts Payable .....	8		
	34. Loans Payable .....			
	35. Mortgages Payable .....			
	36. Other Liabilities .....	4	2247	2324
	37. TOTAL LIABILITIES .....		2247	2324
	38. NET ASSETS (Item 32 less Item 37) .....		566966	450479

# STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 028-037

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
39. Dues .....		397136	56. To Officers .....	9	11977
40. Per Capita Tax .....			57. To Employees .....	10	47485
41. Fees .....			58. Per Capita Tax .....		147952
42. Fines .....			59. Fees, Fines, Assessments, etc. ....		
43. Assessments .....		8593	60. Office & Administrative Expense ....	13	72370
44. Work Permits .....			61. Educational & Publicity Expense ...		
45. Sale of Supplies .....			62. Professional Fees .....		3965
46. Interest .....		15290	63. Benefits .....	11	
47. Dividends .....			64. Contributions, Gifts & Grants .....	12	9746
48. Rents .....		44467	65. Supplies for Resale .....		
49. Sale of Investments & Fixed Assets .....	6		66. Direct Taxes .....		6101
50. Loans Obtained .....	8		67. Withholding Taxes <sup>CREDIT</sup> <sub>UNION</sub> .....		18141
51. Repayments of Loans Made .....	1		68. Purchase of Investments & Fixed Assets .....	7	
52. On Behalf of Affiliates for Transmittal to Them .....			69. Loans Made .....	1	
53. From Members for Disbursement on Their Behalf .....			70. Repayment of Loans Obtained .....	8	
54. Other Receipts .....	14	19577	71. To Affiliates of Funds Collected on Their Behalf .....		
			72. On Behalf of Individual Members ...		
			73. Other Disbursements .....	15	283813
55. TOTAL RECEIPTS .....		485063	74. TOTAL DISBURSEMENTS .....		601550

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 028-037

**Enter Amounts in Dollars Only — Do Not Enter Cents**

## SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5					
Enter the Totals from Line 6 in ..... <div style="display: inline-block; text-align: center; margin: 0 20px;">             ↑ Item 27 Column (A)           </div> <div style="display: inline-block; text-align: center; margin: 0 20px;">             ↑ Item 69           </div> <div style="display: inline-block; text-align: center; margin: 0 20px;">             ↑ Item 51           </div> <div style="display: inline-block; text-align: center; margin: 0 20px;">             ↑ Item 75 with Explanation           </div> <div style="display: inline-block; text-align: center; margin: 0 20px;">             ↑ Item 27 Column (B)           </div>					

## SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
<b>Marketable Securities</b>	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
<b>Other Investments</b>	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	
Enter the Total from Line 7 in ..... Item 29, Column (B)	

FILE NUMBER: 028-037

## SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	
Enter the Total from Line 7 in ..... Item 31, Column (B)	

## SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. Payroll Taxes payable	2204
2. SAVAC (credit union) payable	120
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	2324
Enter the Total from Line 7 in ..... Item 36, Column (D)	

# SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 028 - 037

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): 212 South First Street Rockford, IL 61104	12500		12500	
2. Totals from additional pages (if any)				
3. Buildings (give location): 212 South First Street Rockford, IL 61104	202772		202772	
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment				
7. Other Fixed Assets				
8. Totals of Lines 1 through 7	215272		215272	
Enter the Total from Line 8, Column (D) in ..... Item 30, Column (B)				

# SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
		7. Less Reinvestments		
		8. Net Sales		
Enter the Total from Line 8 in ..... Item 49				

# **SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS**

FILE NUMBER: 028-037

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1.			
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5			
	7. Less Reinvestments		
	8. Net Purchases		
Enter the Total from Line 8 in ..... <span style="float: right;">↑ Item 68</span>			

# **SCHEDULE 8 — LOANS PAYABLE**

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5					
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div>Enter the Totals from Line 6 in ..... ↑ Item 34 Column (C)</div> <div>↑ Item 50</div> <div>↑ Item 70</div> <div>↑ Item 75 with Explanation</div> <div>↑ Item 34 Column (D)</div> </div>					

# SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 028-037

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. <small>Last Name</small> CERVANTES <small>First Name</small> RICK		1932				1932
<small>Title</small>	<small>Status</small>					
2. <small>Last Name</small> COOK <small>First Name</small> GARY		1932				1932
<small>Title</small> PRESIDENT	<small>Status</small>					
3. <small>Last Name</small> ROSE <small>First Name</small> TOM		480				480
<small>Title</small>	<small>Status</small>					
4. <small>Last Name</small> FIELDER <small>First Name</small> LELAND		2100				2100
<small>Title</small> TREASURER	<small>Status</small>					
5. <small>Last Name</small> CARNOCK <small>First Name</small> RANDY		1200				1200
<small>Title</small>	<small>Status</small>					
6. <small>Last Name</small> LEWANDOWSKI <small>First Name</small> THOMAS		1980				1980
<small>Title</small>	<small>Status</small>					
7. <small>Last Name</small> LONG <small>First Name</small> BRAD		1200				1200
<small>Title</small>	<small>Status</small>					
8. Totals from additional pages (if any)		2413				2413
9. Totals of Lines 1 through 8		13237				13237
				10. Less Deductions		1260
Enter the Total from Line 11 in ..... Item 56 ➡				11. Net Disbursements		11977

\*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

# SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 028-037

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
1. <small>Last Name</small> BUCKLER <small>First Name</small> TRACY  <small>Position</small> SECRETARY  <small>Name of Affiliated Organization</small>	34656				34656
2. <small>Last Name</small> PENDERGRASS <small>First Name</small> JUDY  <small>Position</small> SECRETARY  <small>Name of Affiliated Organization</small>	29710				29710
3. <small>Last Name</small> <small>First Name</small>  <small>Position</small>  <small>Name of Affiliated Organization</small>					
4. <small>Last Name</small> <small>First Name</small>  <small>Position</small>  <small>Name of Affiliated Organization</small>					
5. <small>Last Name</small> <small>First Name</small>  <small>Position</small>  <small>Name of Affiliated Organization</small>					
6. Totals from additional pages (if any)					
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates					
8. Totals of Lines 1 through 7	64366				64366
Enter the Total from Line 10 in..... Item 57 →			9. Less Deductions 16881		
			10. Net Disbursements 47485		

# SCHEDULE 11 — BENEFITS

FILE NUMBER: 028-037

Description (A)	To Whom Paid (B)	Amount (C)
1.		
2.		
3.		
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		
Enter the Total from Line 6 .....		↑ Item 63

## SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. CIVIC	9746
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	9746
Enter the Total from Line 8 in ..... ↑ Item 64	

## SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. SUPPLIES	49927
2. TELEPHONE	22443
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	72370
Enter the Total from Line 8 in ..... ↑ Item 60	

# **SCHEDULE 14 — OTHER RECEIPTS**

Description (A)	Amount (B)
1. INITIATIONS	19202
2. MISCELLANEOUS	375
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	19577
Enter the Total from Line 17 in ..... Item 54	

# **SCHEDULE 15 — OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. ADVERTISING / PROMOTION	57641
2. CONTRACT LABOR	11016
3. DELEGATE DC	12551
4. DUES - MEMBERS	5298
5. INITIATION	6890
6. REPAIRS AND MAINTENANCE	80734
7. PROPERTY TAXES	2882
8. UTILITIES	16680
9. MEETING EXPENSES	17056
10. INSURANCE	14171
11. PICKETING	22541
12. FOOD BASKETS	713
13. EDUCATION	17432
14. RETIREMENT	9464
15. MISCELLANEOUS	4925
16. Total from additional pages (if any)	3819
17. Total of Lines 1 through 16	283813
Enter the Total from Line 17 in ..... Item 73	

ORGANIZATION NAME: CARPENTERS LOCAL #792

ENDING DATE OF PERIOD COVERED: 6/30/2001

FILE NUMBER: 028-037

PAGE 1 OF 2 ADDITIONAL PAGES

# **SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)**

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name <u>LINDSTROM</u> First Name <u>JOHN</u>		<u>733</u>				<u>733</u>
Title _____ Status _____						
Last Name <u>SNIDER</u> First Name <u>REBECCA</u>		<u>480</u>				<u>480</u>
Title _____ Status _____						
Last Name <u>BURTON</u> First Name <u>JOHN</u>		<u>1200</u>				<u>1200</u>
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Totals		<u>2413</u>				<u>2413</u>

ORGANIZATION NAME:

FILE NUMBER: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED:

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

**SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)**

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name _____ First Name _____	Title _____ Status _____					
Last Name _____ First Name _____	Title _____ Status _____					
Last Name _____ First Name _____	Title _____ Status _____					
Last Name _____ First Name _____	Title _____ Status _____					
Last Name _____ First Name _____	Title _____ Status _____					
Last Name _____ First Name _____	Title _____ Status _____					
Last Name _____ First Name _____	Title _____ Status _____					
Last Name _____ First Name _____	Title _____ Status _____					
Totals						

CARPENTERS LOCAL #792

FILE NUMBER 028-037

6/30/2001

PAGE 2 OF 2 ADDITIONAL PAGES

SCHEDULE 15 - OTHER DISBURSEMENTS (CONT.)

DESCRIPTION (A)	AMOUNT (B)
Gifts given	400
Medical	2354
Memorials	429
Shipping	260
Subscriptions	<u>376</u>
LINE 16 TOTAL	<u><u>3819</u></u>

